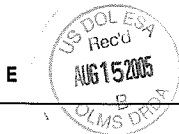


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6158</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Edison</u> <u>Keomaka</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	4. Name, file number, and address of labor organization. Name <u>O.P.C.M.I.A., Local Union #630</u> Labor Organization File Number <u>037-279</u> P.O. Box, Building and Room Number, if any _____ Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>
5. Position in labor organization. <u>Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Edison Keomaka

On 8/8/05
Date

(808) 841-0491

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Hawaii Masons & Plasterers Training Trust Fu

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Employed by Hawaii Masons & Plasterers Training Trust Fund. Fringe benefits are part of employment arrangement. Outer island travel, seminar attendance, and reimbursed expenses are all job-related.
See Attachment - Page 1 of 8

11.b. Approximate dollar value of such dealing.

\$45,526

12.a. Nature of interest held or income received.

Employed by Hawaii Masons & Plasterers Training Trust Fund to coordinate and aid in overseeing general training program activities.
Instructor fees are paid for services performed to provide active guidance and teaching.
See Attachment - Pg 1 of 8

12.b. Amount.

\$106,392

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Edison Keomaka

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Masons Vacation and Holiday Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 2 of 8 pages)

11.b. Approximate dollar value of such dealing.

\$32

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Edison Keomaka

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mason Health and Welfare Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 8 pages)

11.b. Approximate dollar value of such dealing.

\$125

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Edison Keomaka

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Masons Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii

ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 4 of 8 pages)

11.b. Approximate dollar value of such dealing.

\$15,255

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Edison Keomaka

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Hawaii Masons & Plasterers Annuity Trust Fun

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 5 of 8 pages)

11.b. Approximate dollar value of such dealing.

\$6,061

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Edison Keomaka

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sierra Investment Partners. Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 Ygnacio Valley Road

City Walnut Creek

State California

ZIP Code + 4 94596

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masons Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii

ZIP Code + 4 96819

11.a. Nature of such dealing.

Gift of wine bottle

11.b. Approximate dollar value of such dealing.

\$49

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Edison Keomaka	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Sierra Investment Partners. Inc.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>101 Ygnacio Road</u></p> <p>City <u>Walnut Creek</u></p> <p>State <u>California</u> ZIP Code + 4 <u>94596</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Hawaii Masons & Plasterers Annuity Trust Fun</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2251 North School Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96819</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Gift of wine bottle</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$49</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount.</p> <p><u></u></p>

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
TR	January 1, 2004 through December 31 2004	12,131	<u>Fringe benefit</u> Health & welfare	Check
		10,193	Annuity	
		5,363	Pension	
		<u>27,687</u>		
	January 1, 2004 through December 31 2004	2,789	<u>Outer island travel done monthly</u> Airfare	Check
		178	Hotel	
			Materials	
		<u>2,967</u>		
	January 1, 2004 through December 31 2004		<u>Seminars</u> (3/2004, 4/2004, 5/2004, 6/2004,10/2004, and 11/2004)	Check
		5,112	Airfare	
		3,171	Hotel	
		-	Registration	
		767	Auto	
		909	Meals	
		<u>9,959</u>		
	January 1, 2004 through December 31 2004		<u>Meetings</u> Meal expenses for attendance at quarterly trust fund meetings	Check
		<u>159</u>		
	January 1, 2004 through December 31 2004		<u>Others</u>	
		4,754	Reimbursed expenses- Supplies, meetings, fees, etc.	Check
		<u>4,754</u>		
	Total	<u>45,526</u>		

Attachment to Form LM-30, Line 12.a,b

	January 1, 2004 through December 31 2004	99,472	<u>Wages</u> Wages	Check
		6,920	Vacation fringe benefit	Check
	Total	<u>106,392</u>		

Amounts paid to as an employee of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Edison Keomaka
File Number - Initial filing
12/31/2004

Page 2 of 8 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u> <u>payment</u>
VH	January 1, 2004 through December 31, 2004	32	Meeting expenses for attendance at quarterly trust fund meetings	Check

32

Amounts paid on behalf as a trustee of Masons Vacation and Holiday Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
HW	January 1, 2004 through December 31, 2004	113	Meeting expenses for attendance at quarterly trust fund meetings	Check

12 Meeting expenses for attendance at
special trustee meeting

125

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
PN	January 1, 2004 through December 31, 2004	309	Meeting expenses for attendance at quarterly trust fund meetings	Check

12 Meeting expenses for attendance at
special trustee meeting

321

	<u>Seminars</u>
May 2004	7,598 Washington DC (See attached page 6 of 8)
November 2004	7,336 Lake Buena Vista, Florida (See attached page 7 of 8)

14,934

Total 15,255

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
AN	January 1, 2004 through December 31, 2004	129	Meeting expenses for attendance at quarterly trust fund meetings	Check

- Meeting expenses for attendance at
special trustee meeting

129

	<u>Seminars</u>
April 2004	<u>5,932</u> Tucson, Arizona (See attached page 8 of 8)

Total	<u>6,061</u>
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Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Edison Keomaka
International Foundation - Legislative Update - Pension
Washington, DC

Item	No Date	5/14/04	5/15/04	5/16/04	5/17/04	5/18/04	5/19/04	5/20/04	5/21/04	5/22/04
Airfare, Train, Bus	4,779.21									
Meeting Registration	950.00									
Hotel			291.98	291.98	291.98	291.98	108.30	108.30	108.30	
Breakfast			3.75					4.66	4.66	
Lunch			10.08					4.55	3.47	11.56
Dinner					5.16		12.31	12.79	24.50	
Porters-Bellman		5.00	3.00				6.00			6.00
Taxis, Bus			19.00				16.50			
Maid				3.00	3.00	3.00	3.00	3.00	3.00	3.00
Snack		13.48		6.77			5.70		1.00	
Airport Parking										
Other:										
Coffee										
Car Rental										132.47
Gas										27.04
Valet										
Private Auto - mileage		3.85								3.85
Cart							3.00			3.00
Parking										2.00
Toll										
Long Distance										
Laundry										
Totals	7,598.18	5,729.21	22.33	327.81	301.75	300.14	294.98	154.81	144.93	188.92

Edison Keomaka
NCCMP 2004 Annual - Pension
Lake Buena Vista, Florida

Item	No Date	11/26/04	11/27/04	11/28/04	11/29/04	11/30/04	12/01/04	12/02/04	12/03/04	12/04/04
Airfare, Train, Bus	4,722.46									
Meeting Registration	825.00									
Hotel			266.49	266.49	266.49	266.49	181.42	181.42	135.78	
Breakfast								2.00	2.00	2.00
Lunch				14.81	10.83	10.18	9.45		7.74	
Dinner						7.89				
Porters-Bellman		3.00	3.00				6.00			3.00
Taxis, Bus							19.00			2.00
Maid				4.00	4.00	4.00	4.00	3.00	3.00	3.00
Snack						6.46				5.39
Airport Parking										
Other:										
Coffee										
Car Rental									53.52	
Gas									12.57	
Valet										
Private Auto - mileage		3.85								3.85
Cart			3.00							
Parking							4.00	3.00		
Toll										
Long Distance										
Laundry										
Totals	7,335.58	5,547.46	6.85	272.49	285.30	281.32	295.02	223.87	214.61	19.24

Edison Keomaka
International Foundation - Investment Institute - Annuity
Tuscon, Arizona

Item	No Date	4/25/04	4/26/04	4/27/04	4/28/04	4/29/04	4/30/04	5/01/04	5/02/04
Airfare, Train, Bus	3,258.80								
Meeting Registration	930.00								
Hotel			291.33	291.33	291.33	291.33	112.46	112.46	
Breakfast			6.19			18.56	16.15	6.90	6.90
Lunch					21.39			6.90	
Dinner					11.07	26.13	30.75	5.40	
Porters-Bellman		5.00	5.00				5.00	27.95	
Taxis, Bus			35.00						3.00
Maid				4.00	4.00	4.00	4.00	3.00	3.00
Snack		4.98	4.44	10.66		8.17		4.67	4.42
Airport Parking									
Other:									
Coffee									
Car Rental									36.29
Gas									19.28
Valet									
Private Auto - mileage		3.85							3.85
Cart									
Parking									
Toll									
Long Distance									
Laundry									
Totals	5,932.04	4,188.80	13.83	341.96	305.99	327.79	348.19	160.38	76.74